

MAIN STUDY - ROUND 7

COMMUNITY COMPONENT

OM. OTHER MEDICAL EXPENSES UTILIZATION

- OM1. Next I'm going to ask you about other medical expenses that (you/SP) may have had between [(PREVIOUS ROUND INTERVIEW DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, replace, or pay for repairs for eyeglasses or contact lenses?

OMPREYEG	YES	1 (OM2)
	NO	2 (OM3)
	REFUSED	-7 (OM3)
	DON'T KNOW	-8 (OM3)

- OM2. When did (you/SP) buy or repair glasses or contact lenses? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]

EVNTTYPE	OMETYPE
EVBEGMM	EVBEGDD
EVBEGYY	

- OM3. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, replace, or pay for repairs for a hearing aid, amplifier for a telephone, or similar device to help (you/SP) hear or speak?

OMPRHEAR	YES	1 (OM4)
	NO	2 BOX OM5
	REFUSED	-7 BOX OM5
	DON'T KNOW	-8 BOX OM5

- OM4. When did (you/SP) buy or repair a hearing or speech device? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]

OMETYPE	EVBEGMM
EVBEGDD	EVBEGYY

OTHER MEDICAL EXPENSES UTILIZATION (OM)

Household (Round 7)

- OM5. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, repair or rent (other) orthopedic items, such as any of those listed on this card? [Orthopedic items include crutches, canes, wheelchairs, walkers, corrective shoes or inserts, and braces or supports.]

SHOW CARD OM1

OMPRORTH YES 1 (OM6)
 NO 2 (OM9)
 REFUSED -7 (OM9)
 DON'T KNOW -8 (OM9)

- OM6. What was the item?

ORTHTYPE BRACES OR SUPPORTS..... 1
 CANE 2
 CORRECTIVE SHOES OR INSERTS..... 3
 CRUTCHES 4
EVOSTEXT WALKER 5
EVNTQUES WHEELCHAIR/CART..... 6
 OTHER (SPECIFY)..... 91

- OM7. When did (you/SP) buy or repair the (ITEM FROM OM6)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
 [ENTER ALL DATES.]

EVBEGMM **EVBEGDD**
EVBEGY

- OM8. In addition to the orthopedic item(s) you just told me about, did (you/SP) buy, repair or rent any other orthopedic items [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

YES 1 (OM6)
 NO 2 (OM9)
 REFUSED -7 (OM9)
 DON'T KNOW -8 (OM9)

- OM9. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy diabetic equipment or supplies, such as those listed on this card? [Diabetic supplies include syringes, test paper, and test strips.]

SHOW CARD OM2

OMPRDIAB YES 1 (OM10)
 NO 2 (OM11)
 REFUSED -7 (OM11)
 DON'T KNOW -8 (OM11)

OTHER MEDICAL EXPENSES UTILIZATION (OM)

Household (Round 7)

- OM10. When did (you/SP) buy diabetic equipment or supplies? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE **EVBEGMM**
EVBEGDD **EVBEGYY**

- OM11. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) use any ambulance or rescue squad service?

OMPRAMBL YES 1 (OM12)
 NO 2 (OM13)
 REFUSED -7 (OM13)
 DON'T KNOW -8 (OM13)

- OM12. When did (you/SP) use an ambulance? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE **EVBEGMM**
EVBEGDD **EVBEGYY**

- OM13. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy or pay for repairs for any prostheses, such as those on the card? [Prostheses include artificial leg or arm, mastectomy prosthesis, and glass eye.]

SHOW
CARD
OM3

OMPRPROS YES 1 (OM14)
 NO 2 **BOX OM19**
 REFUSED -7 **BOX OM19**
 DON'T KNOW -8 **BOX OM19**

- OM14. When did (you/SP) buy or repair the prosthesis? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE **EVBEGMM**
EVBEGDD **EVBEGYY**

OM15 - OM18 OMITTED

- OM19. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any (other) expenses for oxygen or supplies or oxygen-related equipment?

OMPROXGN YES 1 (OM19a)
 NO 2 **BOX OM21**
 REFUSED -7 **BOX OM21**
 DON'T KNOW -8 **BOX OM21**

OTHER MEDICAL EXPENSES UTILIZATION (OM)

Household (Round 7)

- OM20. When did (you/SP) purchase the (oxygen or supplies)/(oxygen-related equipment)? Please tell me the dates of each purchase [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE **EVBE GMM**
EVBE GDD **EVBE GYY**

- OM21. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy any (other) kidney dialysis supplies or buy, rent, or repair any related equipment?

OMPRKDNY YES 1 BOX OM21a
 NO 2 **(OM23)**
 REFUSED -7 **(OM23)**
 DON'T KNOW -8 **(OM23)3**

- OM22. When did (you/SP) purchase the (kidney dialysis supplies)/(kidney dialysis equipment)? Please tell me the dates of each purchase [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE **EVBE GMM**
EVBE GDD **EVBE GYY**

- OM23. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, rent, or repair any other medical equipment besides what we have talked about? [Other medical equipment and supplies include portable commode or raised toilet seat, portable tub seat, special chairs or cushions, hospital beds, ostomy supplies, Depends or Serenity (disposable diapers), bandages, dressings, tape supplies, and pulmonary equipment such as a Nebulizer, CPAP, et al.]

SHOW CARD OM4	OMPROTHR	YES 1 (OM24)
		NO 2 BOX OM1
		REFUSED -7 BOX OM1
		DON'T KNOW -8 BOX OM1

OM24. What kind of equipment was the item?

OTHRTYPE	PORTABLE COMMUNE OR RAISED	
	TOILET SEAT	1 (OM26)
	PORTABLE TUB SEAT	2 (OM26)
	SPECIAL CHAIR/CUSHION/MATTRESS	3 (OM26)
	HOSPITAL BED/BED SIDES	4 (OM26)
	OSTOMY SUPPLIES	5 (OM25)
	DEPENDS, SERENITY (I.E., DISPOSABLE DIAPERS)	6 (OM25)
EVOSTEXT	BANDAGES, DRESSINGS,	
EVNTQUES	TAPE SUPPLIES	7 (OM25)
STOMTYPE	OTHER (SPECIFY)	91 (OM26)

OM25. [INTERVIEWER: THIS ITEM AND NUMBER OF PURCHASES HAS BEEN ENTERED ALREADY FOR THIS ROUND. PLEASE CORRECT THE NUMBER OF TIMES TO BE THE TOTAL NUMBER OF TIMES PURCHASED SINCE (REF. DATE).

How many times [since (REF. DATE) (have you/has SP) bought or obtained/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) did (you/SP) buy or obtain] (ITEM IN OM24)?

	NUMBER OF TIME:	(OM27)
GETNUM	REFUSED	-7 (OM27)
PMROTYPE	DON'T KNOW	-8 (OM27)

OM26. When did (you/SP) buy or repair the (ITEM IN OM24)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] [ENTER ALL DATES.]

OMETYPE	EVBEGLMM
EVBEGLDD	EVBEGLYY

OM27. In addition to the medical equipment you just told me about, did (you/SP) buy, rent, or repair any other medical equipment since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

YES	1 (OM24)
NO	2 BOX OM24
REFUSED	-7 BOX OM24
DON'T KNOW	-8 BOX OM24

BOX OM1	IF SP HAD ANY ALTERATION EVENTS IN PREVIOUS ROUND WITH 95 ENTERED IN MONTH FIELD, GO TO OM30.
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OTHER MEDICAL EXPENSES UTILIZATION (OM)

Household (Round 7)

OM28. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) make any alterations or modify the inside or outside of (your/his/her) home or car because of some illness or injury? This card lists some examples. [Alterations include ramps, handrails, elevator or incline chair, tub seats, tub handrails, and any car alterations.]

SHOW CARD OM5

OMPRALTR

YES 1 (OM29)
 NO 2 **BOX PMS1**
 REFUSED -7 **BOX PMS1**
 DON'T KNOW -8 **BOX PMS1**

OM29. What was the alteration?

ALTRTYPE

ELEVATOR OR INCLINE CHAIR 1
 HANDRAILS (OTHER THAN TUB) 2
 RAMPS 3
 TUB HANDRAILS 4
 TUB SEAT 5
 ANY CAR ALTERATION 6
 Other (SPECIFY) 91

EVOSTEXT**EVNTQUES**

OM30. [Last time (you/SP) had started to make an alteration (ALTERATION FROM OM29) that was not completed as of (PREVIOUS ROUND INTERVIEW DATE).]

On what date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed?

[ENTER "95" IN MONTH FIELD IF ALTERATION NOT YET COMPLETED.]

OM31. In addition to the alteration(s) you just told me about, did (you/SP) make any other alterations because of some illness or injury [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

YES 1 (OM29)
 NO 2 **BOX PMS1**
 REFUSED -7 **BOX PMS1**
 DON'T KNOW -8 **BOX PMS1**

OM1. OTHER MEDICAL EXPENSES UTILIZATION

This attachment shows an example of the visit roster for Other Medical Expenses Utilization. The roster is displayed for questions OM2, OM4, OM7, OM10, OM12, OM14, OM20, OM22, and OM26.

For the visit roster at OM2, display "N/A" (for "not applicable") in the column labeled "PURCHASES" and in the column labeled "STOP DATE." Display the name of the item from question OM1. Place the cursor on the first entry field for the date and allow the entire date to be entered. If CTRL/A is pressed after the first entry, display "N/A" in "PURCHASES" and "STOP DATE" column and the name of the item from question OM1 on the next line of the roster. Place the cursor on the first entry field for the date and allow the entire date to be entered for the next item.

Display "N/A" in the column labeled "PURCHASES" for all other medical expenses except for those coded 5 or 6 at question OM24. For those items coded 5 or 6 at question OM24, display "N/A" in the date column and copy the number of times entered at OM25 to the visit roster.

OM2. When did (you/SP) buy or repair glasses or contact lenses? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION.) [ENTER ALL DATES.]

(TO ADD A DATE, PRESS CTRL/A.)

TO LEAVE SCREEN, PRESS ESC.

START	STOP	PURCHASES	OME TYPE
MM/DD/YY	MM/DD/YY	N/A	R (ITEM FROM OM1)